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CONFIRMATION NO. 5467

<b>SERIAL NUMBER</b> 10/803,871	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3694	<b>ATTORNEY DOCKET NO.</b> 026595-004900US
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## APPLICANTS

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AB

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>AB</i>				

## ADDRESS

20350

## TITLE

System and method for transferring money

AB

<b>FILING FEE RECEIVED</b> 1746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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